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Attorneys at Law

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From: David S. Resnick Leena H. Karttunen	Date: February 23, 2007	No. of Pages: 7 (including this page)	700355-052696-US
Practitioner's Docket No. 700355-052696-US			

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Joel E. WHITE et al.
Application No.: 10/535,748
Filed: 09/27/2005

Confirmation No.: 9053

Group No.: 1631

Examiner: SKOWRONEK, Kartheinz R.

For: ELECTRO-OPTICAL NUCLEIC ACID-BASED SENSOR ARRAY AND METHOD FOR DETECTING ANALYTES

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In re application of: Joel E. WHITE et al. Confirmation No.: 9053
Application No.: 10/535,748 Group No.: 1631
Filed: 09/27/2005 Examiner: SKOWRONEK, Karlheinz R.

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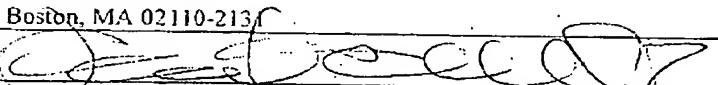
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/535,748
Total Number of Pages in This Submission	7	Filing Date	09/27/2005
		First Named Inventor	Joel E. WHITE
		Group Art Unit	1631
		Examiner Name	SKOWRONEK, Karlheinz R.
		Attorney Docket Number	700355-052696-US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below): Facsimile Cover Sheet; Certificate of Transmission; Statement of Limited Recognition; and Response to Restriction Requirement.</i>
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-0850 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Nixon Peabody LLP 100 Summer Street Boston, MA 02110-2131
Signature	
Name	David S. Resnick (Reg. No. 34,235) / Leena H. Karttunen (L0207)
Date	February 23, 2007

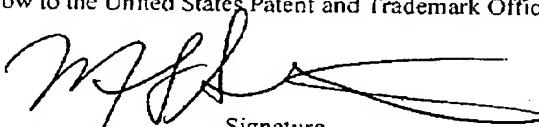
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UNITED STATES PATENT AND TRADEMARK OFFICE**

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This document constitutes proof of such recognition. The original of this document is on file in the Office of Enrollment and Discipline of the U.S. Patent and Trademark Office.

Limited Recognition No. L0207
Expires: January 7, 2008



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Director of Enrollment and Discipline

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Joel E. WHITE et al.	Confirmation No.: 9053
Application No.:	10/535,748	Group No.: 1631
Filed:	09/27/2005	Examiner: SKOWRONEK, Karlheinz R.

For: ELECTRO-OPTICAL NUCLEIC ACID-BASED SENSOR ARRAY AND METHOD FOR DETECTING ANALYTES

CERTIFICATE OF FACSIMILE

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Date: February 23, 2007



Megan L. Hemridge

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P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

In response to the Restriction Requirement mailed November 24, 2006, Applicants elect, without traverse, Group III, claims 19-27, drawn to a sensing system.

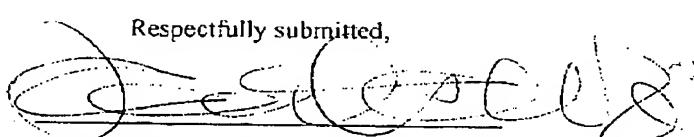
Applicants reserve the right to file a continuing application or take such other appropriate action as deemed necessary to protect the non-elected inventions. Applicants do not hereby abandon or waive any rights in the non-elected inventions.

In view of the foregoing, Applicants respectfully submit that all claims are in condition for allowance. Early and favorable action is requested.

In the event that any additional fees are required, the PTO is authorized to charge our deposit account No. 50-0850.

Date: February 23, 2007

Respectfully submitted,

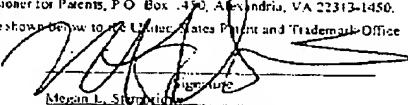
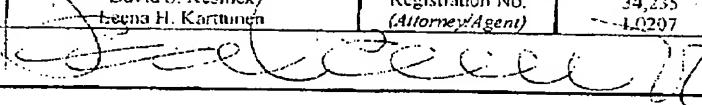


David S. Resnick (Reg. No. 34,235)
Leena H. Karttunen (L0207)
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Tel: (617) 345-6057/1367

10321805.1

02/26/2007 TL0111 00000035 500050 10535748

01 FC:2252 225.00 DA

FEE TRANSMITTAL FOR FY 2007 <small>Patent fees are subject to annual revision.</small>				<i>Complete if Known</i>		
				Application Number	10/535,748	
				Filing Date	09/27/2005	
				First Named Inventor	Joel E. WHITE	
				Art Unit	1631	
				Examiner Name	SKOWRONEK, Karlheinz R.	
				Attorney Docket No.	700355-052696-US	
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-0850				Large Entity Small Entity Fee Code (\$) Fee Code (\$)		
<input checked="" type="checkbox"/> Nixon Peabody LLP				Fee Description Fee Code (\$) Fee Description 1051 130 2051 55 1052 50 2052 25 1053 130 1053 130 1812 2,520 1812 2,520 1804 920* 1804 920* 1805 1,840* 1805 1,840* 1251 120 2251 60 1252 450 2252 225 1253 1,020 2253 510 1254 1,590 2254 795 1255 2,160 2255 1,080 1401 500 2401 250 1402 500 2402 250 1403 1,000 2403 500 1451 1,510 1451 1,510 1452 500 2452 250 1453 1,500 2453 750 1501 1,400 2501 700 1502 800 2502 400 1503 1,100 2503 550 1460 130 1460 130 1807 50 1807 50 1806 180 1806 180 5021 40 8021 40 1809 790 2809 395 1810 790 2810 395 1801 790 2801 395 1802 900 1802 900		
<input checked="" type="checkbox"/> The Commissioner is authorized to: (check all that apply)				Fee Description Fee Code (\$) Fee Description 1001 300 200 150 Utility filing fee 1002 200 2002 100 Design filing fee 1003 200 2003 100 Plant filing fee 1004 300 2004 150 Reissue filing fee 1005 200 2005 100 Provisional filing fee		
Fee Calculation				Fee Description Fee Code (\$) Fee Description 1001 300 200 150 Utility filing fee 1002 200 2002 100 Design filing fee 1003 200 2003 100 Plant filing fee 1004 300 2004 150 Reissue filing fee 1005 200 2005 100 Provisional filing fee		
1. BASIC FILING FEE				Fee Description Fee Code (\$) Fee Description 1001 300 200 150 Utility filing fee 1002 200 2002 100 Design filing fee 1003 200 2003 100 Plant filing fee 1004 300 2004 150 Reissue filing fee 1005 200 2005 100 Provisional filing fee		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				Fee from below Total Claims -2*** = Extra Claims X Fee Paid Independent Claims -3*** = Extra Claims X Fee Paid Multiple Dependent X Extra Claims = Fee Paid		
3. ADDITIONAL FEES				Fee Description Fee Code (\$) Fee Description 1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple dependent claim, if not paid 1204 200 2204 150 ** Reissue independent claims over original patent 1205 50 2205 25 ** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (1) (\$ 0.00)				Fee Description Fee Code (\$) Fee Description 1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple dependent claim, if not paid 1204 200 2204 150 ** Reissue independent claims over original patent 1205 50 2205 25 ** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$ 0.00)				Fee Description Fee Code (\$) Fee Description 1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple dependent claim, if not paid 1204 200 2204 150 ** Reissue independent claims over original patent 1205 50 2205 25 ** Reissue claims in excess of 20 and over original patent		
** or number previously paid, if greater; For Reissues, see above				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 225.00)		
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February 23, 2007 Due _____						
 Megan L. Stumpf Signature Typed or printed name						
SUBMITTED BY						
Name (Print/Type) Signature		David S. Resnick/ Leena H. Karttunen		Registration No. Attorney/Agent		Complete (if applicable) 34,235 4,0207 Telephone 617-345-6057 617-345-1367
19281709.1				Date February		. 2007